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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005				Complete if Known				
				- FF		10/679,406-Conf. #5490		
						October 7, 2003		
						Kiyoshige MURAOKA		
						G. L. Knable		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1733			
TOTAL AMOUNT OF PAYMENT (\$) 1,370.00			00	Attorney Docket	1403-0256P	)3-0256P		
METHOD OF PAYMEN	NT (check all th	at apply)						
Check Credit	Card M	oncy Order	No	ne Other (	please iden	tify):		
x Deposit Account Dep	oosii Account Numbi	02-2448	Deposit Aci	count Name	Birch, Ste	ewart, Kolasc	h & Birch, L	LP.
For the above-ider	ntified deposit a	ccount, the D	Director is	s hereby authorize	ed to: (chec	ck all that apply	)	
x Charge fee(s	s) indicated belo	ow		Charg	e fee(s) ind	dicated below,	except for th	ne filing fee
X Charge any	additional fee(s	) or underpay	ment of	x Credit	any overp	avments		
FEE CALCULATION	37 CFR 1.16 a	ind 1.17						
1. BASIC FILING, SEARC	U AND EVAN	INATION CE	F0.					
I. BASIC FILING, SEARC		FEES		ARCH FEES	FXAMIN	NATION FEE	8	
		Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500		200	100		
Design	200	100	100		130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims						360	180	
1 ' '		no ( <b>e</b> )	Eco	Paid (\$)		ultiple Depend		
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dot							Fee Paid (\$	
HP = highest number of total ci		eater then 20				<del>50 (3)</del>	ree raid (4	2
Indep. Claims Extra	a Claims F	ee (\$)	Fee	Paid (\$)				_
1 -3=	0 ×							
HP = highest number of indepe		for, if greater th	an 3					_
3. APPLICATION SIZE FE								
If the specification and d listings under 37 CFR								0
sheets or fraction ther	reof. See 35 U	S.C. 41(a)(1	)(G) and	37 CFR 1.16(s).	ioi siliali e	inny) for each	additional 3	J
	Extra Sheets			additional 50 or fra		of Fee (\$)	Fee	Paid (\$)
- 100 =		/50		(round up to a wh	ole number)	x		
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specifica	tion, \$130 fee	(no small e	ntity disc	count)	# (DOF	27		00.00
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1808 Processing fee, except in provisional applications							790.00 130.00	
1252 Extension for response within second month							450.00	
SUBMITTED BY	<del>// -</del>						-	
Signature	1/101			Registration No	32.868	Telephone	(703) 20	5-8000
Name (Print/Type) Andrew D. Merkle				(Attorney/Agent)	32,000		(703) 205-8000 September 29, 2006	
Marie (Fillulype) Andrew	D. IVIGITOR					Date	September	29, 2006